U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number 19-78373	2. Fiscal Year Covered From:		
	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and εcdress of labor organization.		
Name Bernardo R Garcia	Name Utility Workers Union of America, AFL-CIO		
	Labor Organization File Number 000-039		
P.O. Box, Bldg. Room No., if any	P.O. Box, Building and Room Number, if any		
Street 68-3722 Lolena Pl	Street 815 16th ST NW		
City Waikoloa	City Washington		
State Hawaii ZIP Code + 4 96738-5210	State District of Columbia ZIP Code + 4 20006-4104		
5. Position in labor organization. Regional Director			

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.					
6. Name and address of Employer (including trade name, if any).		7.a. Nature of Interest. Transaction, or Income.			
Name None					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
		7.b. Amount.			
Street					
City					
State	ZiP Code + 4				

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable panalties of the law, that all of the information
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of t
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed	<u></u>	Jik -
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On 08/15/2005

949-369-9936

Date

Telephone Number

Name of Person Filing Bernardo Garcia		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name None				
Trade Name, if any:	a. Labor Organiza	OOG .		
P.O. Box, Bldg. Room No., if any	c. Employer			
Street	C. Employer			
City				
State ZIP Code + 4				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deal	ing.		
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	11.b. Approximate dol'ar va'ı	us of such dealing		
City	Approximate dol'ar va'ue of such dealing. 12.a. Nature of interest held or income received.			
State ZIP Code + 4				
	12.b. Amount.			
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.			
(including trade name, if any).	Fruit & Cheese ba	sket.		
Name Harbaugh Hotels				
Trade Name, if any: Palm Springs Riviera Resort				
P.O. Box, Bldg., Room No., if any				
Street 1600 N. Indian Canyon Drive				
City Palm Springs				
State California ZIP Code + 4 92262				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	\$65		